

For Requests Relating to HCVS ONLY

To: Health Care Voucher Unit
 Fax: 3582 4115 or email: hcvu@dh.gov.hk

For Requests Relating to VSS / RVP and HCVS (if any)

To: Programme Management and Vaccination Division
 Fax: 2713 9576 or email: yacs@dh.gov.hk

Request to Change Particulars**Enrolled Health Care Provider (EHCP) under the Health Care Voucher Scheme, Vaccination Subsidy Scheme and/or Residential Care Home Vaccination Programme**

(Read "Notes for Attention" before completing this form)

Legend:	HCVS:	Health Care Voucher Scheme	TIV:	Trivalent influenza vaccine
	VSS:	Vaccination Subsidy Scheme	QIV:	Quadrivalent influenza vaccine
	RVP:	Residential Care Home Vaccination Programme	PCV13:	13-valent pneumococcal conjugate vaccine
	PCD:	Primary Care Directory	23vPPV:	23-valent pneumococcal polysaccharide vaccine
	DA:	Disability Allowance	PID:	Persons with Intellectual Disability

Present Particulars of EHCP

Name of EHCP	:	
EHCP HKIC No.	:	(SPID No.:)
Name of Medical Organisation	:	

Change Requests - Complete only RELEVANT parts
 (Please put a "✓" in the appropriate box(es))

(A) Personal Particulars of EHCP

<input type="checkbox"/>	Correspondence address :	
	(in English)	
<input type="checkbox"/>	(in Chinese) :	
<input type="checkbox"/>	Contact email address :	
<input type="checkbox"/>	Daytime contact tel. no. :	
<input type="checkbox"/>	Fax no. :	

(B) Particulars of Medical Organisation

<input type="checkbox"/>	Correspondence address :	
	(in English)	
<input type="checkbox"/>	(in Chinese) :	
<input type="checkbox"/>	Contact email address :	
<input type="checkbox"/>	Daytime contact tel. no. :	
<input type="checkbox"/>	Fax no. :	

(C) Practice Details

<input type="checkbox"/>	<u>REMOVE</u> an enrolled practice from EHCP's enrolment
	Practice name (in English) :
	(in Chinese) :
	Practice address (in English) :
	(in Chinese) :
	Reasons for removal [Optional] :

Scheme(s)/ Programme to which this removed practice relates:

☐ HCVS ☐ VSS ☐ RVP ☐ PCD

(C) Practice Details

- ☐ **ADD** a new practice under EHCP's enrolment
*[N.B. If a new bank account is nominated, please complete an "[Authority for Payment to a Bank](#)" (Appendix B) and submit the required documentary proofs **by post.**]*

Practice name (in English) : _____
 (in Chinese) : _____
 Practice address (in English) : _____
 (in Chinese) : _____
 Practice tel. no. : _____

- ☐ Please deliver the Smart IC Card Reader to the new practice via post.

Scheme(s)/ Programme to which this new practice relates:

- ☐ HCVS ☐ VSS (Clinic setting / Non-clinic setting ^{##})
☐ RVP ☐ PCD (Non-governmental Organisation / Private / University ^{##})

^{##} Please circle as appropriate.

VSS Service Fees Schedule (For new practice relevant to VSS)

*[N.B. Service fees include **ALL** fees related to the vaccination but **EXCLUSIVE** of Government subsidy; and The service fees information for use of QIV will be displayed in the [on-line directory of the CHP website.](#)]*

<input type="checkbox"/> Pregnant Women	TIV \$	QIV \$		
<input type="checkbox"/> Children	TIV \$	QIV \$	LAIV \$	
<input type="checkbox"/> Persons aged 50 - 64	TIV \$	QIV \$		
<input type="checkbox"/> Elderly aged ≥ 65	TIV \$	QIV \$	23vPPV \$	PCV13 \$
<input type="checkbox"/> PID	TIV \$	QIV \$	LAIV \$	
<input type="checkbox"/> DA Recipients	TIV \$	QIV \$	LAIV \$	

(D) Bank Details

- ☐ **CHANGE** in bank details of currently enrolled practices
*[N.B. To be supported by a completed "[Authority for Payment to a Bank](#)" (Appendix B) and submit the required documentary proofs **by post.**]*

(E) Withdrawal

WITHDRAW from : ☐ HCVS ☐ VSS ☐ RVP ☐ PCD
 Reasons [Optional] : ☐ Resignation ☐ Retirement ☐ Others: _____

Signature of EHCP

Official Stamp and Authorised Signature
 For and on behalf of the Medical Organisation

Name in Block Letters

Name in Block Letters

Date : _____

Date: _____

Notes for Attention

1. This change form DOES NOT apply to changes of EHCP's name, HKIC No., profession, medical organisation or Scheme(s)/ Programme enrolment. Such changes should be made in a new enrolment application. (For details, please visit Elderly Health Care Voucher Scheme website www.hcv.gov.hk or Centre for Health Protection website www.chp.gov.hk.)
2. Please attach documentary proofs such as public utility bill, bank statement or valid Business Registration Certificate where applicable.
3. The name of EHCP, practice address and phone number and net service fees under VSS (except the service fee of TIV and LAIV) will be displayed in the **List of Enrolled Healthcare Service Providers** at the website of the CHP and HCVS.
4. As applicable, please mail/ fax/ email the completed form together with a copy of Hong Kong Identity Card and the related supporting documents (such as documentary proof of correspondence address) to the respective office of the Department of Health:

Programme Management and Vaccination Division (for requests relating to VSS / RVP and HCVS (if any))

Address: Block A, 2/F, Centre for Health Protection, 147C Argyle Street, Kowloon

Fax: 2713 9576

Email: vacs@dh.gov.hk

Health Care Voucher Unit (for requests relating to HCVS only)

Address: 1/F, Central District Health Centre, 1 Kau U Fong, Central, Hong Kong

Fax: 3582 4115

Email: hcvu@dh.gov.hk

Please note that all documentary proofs will not be returned.

Statement of Purpose

Purposes of Collection

1. The personal data provided will be used by the Department of Health (in relation to HCVS, VSS and/or RVP) and/or Food and Health Bureau (in relation to PCD) for one or more of the following purposes:
 - (a) processing of payment, and the administration and monitoring of the concerned Scheme(s)/ Programme;
 - (b) Government programmes to promote primary care;
 - (c) for statistical and research purposes; and
 - (d) any other legitimate purposes as may be required, authorized or permitted by law.
2. The provision of personal data in the change form is voluntary. If you do not provide sufficient information, the Government may not be able to update the change of your particulars in relation to your enrollment.

Classes of Transferees

3. The personal data you provide are mainly for use within the Department of Health (in relation to HCVS, VSS and/or RVP) and/or Food and Health Bureau (in relation to PCD) but they may also be disclosed to other Government bureaux and departments, respective professional regulatory board and council and other organisations for the purpose stated in paragraph 1 above, if required.

Access to Personal Data

4. You have a right to request access to and to request the correction of your personal data under Sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request.

Enquiries

5. Enquiries concerning the personal data provided, including the making of access and correction, should be addressed to:

Executive Officer (Vaccination Subsidy Scheme)

Programme Management and Vaccination Division, Department of Health

Block A, 2/F, Centre for Health Protection, 147C Argyle Street, Kowloon

Tel. no.: 2125 2299

Fax: 2713 9576

Email: vacs@dh.gov.hk

Executive Officer, Health Care Voucher Unit

Health Care Voucher Unit, Department of Health

Address: 1/F, Central District Health Centre, 1 Kau U Fong, Central, Hong Kong

Tel. no.: 2838 2311

Fax: 3582 4115

Email: hcvu@dh.gov.hk

Executive Officer (District Health Centre Team)A

Primary Healthcare Office, Food and Health Bureau, The Government of the Hong Kong Special Administrative Region

Address: 11/F, The HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong

Tel. no.: 2205 2491

Fax: 2556 2638

Email: pho@fhh.gov.hk